


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90090 026 \*\*\*\*61.25

<b>DOCUMENT # N96000005250</b>					
<b>1. Entity Name</b> ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL OF REALTORS, INC.					
<b>Principal Place of Business</b> 6666 SOUTH US HWY 1 STE. 1 FT. PIERCE, FL 34952			<b>Mailing Address</b> 6666 SOUTH US HWY 1 STE. 1 FT. PIERCE, FL 34952		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0816965	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HEDGE, JIM 6666 SOUTH US 1 STE. 1 FORT PIERCE, FL 34952				Name <u>PATRICIA RENNA</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 RASL</u> <u>6666 South US 1, Suite 100</u> City <u>Port St Lucie</u> <u>FL</u> Zip Code <u>34952</u>	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Patricia Renna</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/19/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> ELLEN, FALK 518 SW COLLEEN AVENUE PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PP</b> CURTIS, LOWE 908 SW GATLIN BLVD FORT PIERCE, FL 34953	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TREASURER SCOTT GALLIVAN 1871 SE ADAIR ST PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PED</b> PATRICIA, RENNA 2659 MORNINGSIDE BLVD PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> COULSON, BONNIE 1935 32ND AVENUE VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT ELECT CATHERINE PRISCO 1530 SE APPAMATTOX TERR PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> DEBRA, BEICHEL 3500 TWIN LAKES TERR #203 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VICE PRES CHRISTOPHER PRISCO 758 SE ABLETT LANE PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u>Patricia Renna President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/19/07</u> DAYTIME PHONE # <u>772-215-5750</u>	

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